

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041556

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 213

FILED NOV 20 1962

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BUTLER</u>		c. CITY OR TOWN <u>Route</u>	
Length of stay in lb <u>4 DAYS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bates County MEMORIAL HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>IVAN</u> Middle <u>G.</u> Last <u>KIMBALL</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>10</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-29-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	9. AGE (last birthday) <u>59</u>
13a. FATHER'S NAME <u>CHARLES KIMBALL</u>		13b. MOTHER'S MAIDEN NAME <u>GERTRUDE WIPHER</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis w/ cardiac failure</u> DUE TO (b) <u>CARCINOMA of the prostate</u> DUE TO (c) <u>unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11-5-62</u> Month, Day, Year <u>11-10-62</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Butler, Missouri</u>	
20g. COUNTY <u>Missouri</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>11-5-62</u> to <u>11-10-62</u> and last saw him alive on <u>11-10-1962</u> Death occurred at <u>11:25 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>R. E. Baaka, M.D.</u> (Degree or title)	
22b. ADDRESS <u>Butler, Missouri</u>		22c. DATE SIGNED <u>11-12-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-13-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>KEE'S Summit</u>	23d. LOCATION (City, town, or county) (State) <u>KEE'S Summit, Mo.</u>
24. FUNERAL DIRECTOR <u>RUNYAN FUNERAL HOME DREXEL, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-13-62</u>	
26. REGISTRAR'S SIGNATURE <u>Norman Wilson</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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JAN 17 1963

NOV 21 1962

NOV 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larry L. Zedel

Licensed Embalmer No. 5111

P. O. Address Drepp, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.